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Active Ageing, Social and Cultural Integration of Older Turkish Alevi Refugees in London

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Abstract

Ageing of migrants in Europe has become an important policy issue, especially within the context of health inequalities and increasing health care costs. Based on in-depth interviews with older Alevi/Kurdish refugees in London, we explore the cumulative impact of difficult migration trajectories on the experience of ageing. The findings highlight the important role of cultural capital and transnational ties throughout the refugees' migration journeys and particularly at old age. However, the study indicates the double edge impact of strong 'solidarity' bonds, increasing isolation at old age due to lack of accumulation of capital and knowledge, particularly language, which are important in accessing health and social care services at old age.

Introduction

Migration has been in the majority regarded as a phenomenon that mainly affects the young, however, many earlier migrants are growing older in the majority of Europe. While considerable policy attention is given to integration and settlement processes of migrants with some attention to the experience of women and children, very little attention is given to the growing group of older migrants. Forced migration in particular is associated with a significant physical and mental burden on refugees that expand over a long period of time. Older refugees are thus at a significant risk of acute health conditions due to the cumulative effect of their stressful migratory journey. This might be further exacerbated if they have lived in the host country with little integration with the wider community.[1] In the United Kingdom (UK) older refugees are identified to have a number of health and social issues including low income, lower rates of access to services and isolation.[2] The situation is very similar in the rest of Europe where refugees are identified as one of the main disadvantaged immigrant groups in terms of health and wellbeing, including leisure and social participation as well as general living conditions such as housing, and socio-economical factors.[3]

Past and current migration trends and population ageing suggest that the issue of active ageing for older people from ethnic minority groups will become more imperative.[4] In order to plan services for older refugees, it is important to understand how specific cultural and ethnic structures may impact individuals' health and social care requirements.[5] This is particularly important within current increasing health costs and fiscal cuts across Europe. In

this light, active ageing policies are likely to play a key role in promoting healthy activities and reducing social exclusion of older refugees within the wider society.[6]

We are specifically interested in the concept of active ageing, which is defined by the World Health Organisation (2002)[7] as "the process of optimizing opportunities for health (physical, social and mental) participation and security in order to enhance quality of life as people age". It is regarded that active ageing enables people to realise their potential for a physical, social and mental wellbeing and to participate in society in accordance with their needs, desires and performance prerequisites throughout their life cycle. The term "active" in this sense, refers to constant participation in social, economical, cultural, spiritual and civil terms, and not only to the ability of being physically active and participating in social life.[8] Furthermore, the year 2012 was declared as the "European Year for Active Ageing and Solidarity between Generations". In this regard active ageing consciousness is to increase awareness of the importance of older people's engagements in a variety of health and wellbeing activities. The aim of our study is to explore current position of older Alevi/Kurdish refugees living in the UK within the parameters of active ageing as described above. Using qualitative data analysis of interviews with Alevi/Kurdish older refugees we investigate the following:

a) Current experience of older refugees within the context of their immigration and community participation trajectories;
b) Perceptions of healthy ageing within the context of active ageing
c) Lifestyle and health indicators

Alevi/Kurd Ethnic Minority from Turkey

Traditionally, Turkey has been a country of emigration with large numbers of its citizens migrating to Western Europe.[9] In Europe, migrants from Turkey form one of the largest groups, while they are not the largest in the UK, there is evidence that the UK is a preferred destination country among Turkish refugees.[10] In Europe there are around 3.7 million Turks, the largest single immigrant group in the European Union. The majority of earlier waves of Turkish migrants to the UK and Europe are now in their retirement ages, faced with new dimensions of their migration trajectories of ageing, place and community.

As a result of rising conflicts in Eastern and South-Eastern Region of Turkey, particularly between 1980 and late 1990, many Turkish citizens took refuge in the UK during this period.[11] Turkish Alevi/Kurdish comprise a significant ethnic and religious minority group immigrating to the UK from Turkey seeking asylum. Kurds belong to the Alevi religion, which is a traditional religion that shares many beliefs with Shia Islam and Christianity.[12] There are no accurate estimates of the Alevi groups in Turkey due to several factors but mainly because of progressive assimilation programmes and what could be descriped as discriminatory practice since the Ottoman times.[13]

The ‘evolution’ of Kurdish-Turkish identity has been going for nearly a century. After the Second World War the Kurdish nation was divided across five different countries: Turkey, Iraq, Iran, Syria and Russia.[14] Since early 1990’s, Turkey has engaged in significant assimilation programme for ‘minority ethnic groups’, with some writers implicating the rise of Kurdish diaspora to the treatment Kurds received in Turkey.[15] Due to their internal struggle, some researchers observe a strong sense of solidarity and preserving of cultural values among Kurds inside and outside of Turkey.[16]

According to Atay, during the beginning of the 1990s, nearly 40,000 Alevi/Kurd refugees arrived to the UK (mainly from southeast regions in Turkey: Kahramanmaraş, Tunceli, Kayseri, Sivas, Aksaray). [17] One of the main reasons identified in the literature in relation to the UK being a more attractive destination relates to perceived fiscal benefits and mobility given to refugees.[18] The UK is an interesting case as the refugee resettlement policy is characterized by a historical emphasize on the role of the 'local community'[19], thus allowing pre-existing Turkish communities in the UK to play an active role in the lives of new migrants. However, it should be noted that Kurds from both Kurdistan and Turkey have migrated to the United Kingdom during the 1980s and 1990s; thus similar groups migrating with intersecting but different experiences of ‘exile’ life.

There is a notable lack of academic knowledge and statistical data on the Alevi/Kurd refugees in UK, with few exceptions.[20] This may relate to difficulties in identifying Alevi/Kurds for research as they are sometimes coined the ‘invisible minorities’, where social markers are not always present and complex interrelationships are in place (in terms of overlap between ethnic and religious identity for example).

Turkish immigrants in the UK are particularly concentrated in the Capital, London, particularly its north regions.[21] It is likely that such geographical concentration to relate to a form of Alevi/Kurdish collective solidarity building on social, kinship and economic bonds.[22] However, such ‘solidarity’ and social code is usually oriented towards the country of origin rather than a newly formed community. Previous research indicates that like the majority of other refugee groups, Alevi/Kurds refugees maintain their economic viability through working mainly in ethnic economies faced with language and educational barriers in accessing other employment opportunities.[23] Such enclosed social and economic activities that, in the majority, only require maintaining the Turkish language and culture may result on certain level of isolation and disconnectedness from the larger English community.[24]

Generally, Alevi community tends to keep to itself, particularly through membership in associations, which (though not exclusively) are likely to have a strong political engagement. Therefore, the “England Alevi Cultural Centre & Cemevi (IAKMC)” was established in 1993, with the aims of preserving their cultural and religious identities and providing social support. The IAKMC also aimed to have a ‘social mission’ to address economic and social problems, offering consultancy services with culturally oriented activities.[25] IAKMC has membership of over three thousand, forming one of the largest non-governmental organisations with Turkish origin in England.[26]

In the light of limited research on this particular community, our main aim of this study is to explore the current situation of older people of Alevi/Kurd refugees specifically from an active ageing perspective connecting living arrangements, health conditions, and life style to their overall level of engagement with the wider community especially in relation to barriers in accessing health and social care services.

Methodology

The current study employs qualitative methodology through in-depth interviews with a sample of Alevi/Kurds refugees living in the UK. The interviews collected information on their migration journey, socio-economical position, participation within the wider society, indicators of active ageing, and their health and social care needs and access to health and care services. The analysis aims to provide a current illustration of the reality of ageing among this group of refugees. Due to the concentration of this group in the Capital the interviews took place in London, in the specific areas of Islington, Haringey and Turnpike Lane. We interviewed 30 Alevi/Kurdish participants over 55 years of age and the fieldwork took place from December 2011 to January 2012. Participants were recruited primarily through contacting Alevi culture centres in these areas (including the IAKCM).

The criteria for inclusion were: being from an Alevi/Kurdish background; arrived in UK as a refugee/asylum seeker; and aged 55 years or over. After providing information sheets on the study in both English and Turkish we received consent from both the community centre managers and individual participants. Participants had the choice to withdraw from the interview at any point in time. This research received ethical approval from King's College London Research Ethics Committee (RESC-07/08-06). The study was a nested study of a larger research programme, the Longitudinal Care Work Study funded by the English Department of Health, Policy Research Programme as core funding to the Social Care Workforce Research Unit (DH/035/0095). Each interview lasted for around an hour. All interviews were conducted by a Turkish-speaking researcher and the majority of interviews were recorded (with interviewees' permission), transcribed then professionally translated to English. In few cases, participants did not give permission for their interviews to be tape-recorded; in these cases, detailed field notes were taken then translated.

Themes were identified through initial readings of transcripts by two researchers with discussions leading to deducting and agreeing on main key themes.

Through face to face interviews detailed information was collected on the following topics:

- Background information on the respondent including age, gender, education level, literacy in Turkish language, English language skills, current employment status and living arrangements;
- Migration history including original reason to come to the UK, who they arrived with, number of years in the UK and whether they remain in close contact with those they have originally arrived with;

- Health and wellbeing including existing health conditions, health habits such as smoking, regular exercise, voluntary work, opinions of active ageing, hobbies, computer use and social participation;
- Current health care needs: whether they currently receive care/support at home or other places; awareness of existing care organisation and knowledge of council/government support and services;
- Perception of ageing, active ageing and future plans exploring individual, community and other potential obstacles and facilitators to achieve active ageing.

Limitations**:** The study is limited to the views of the sample agreeing to participate in our study who are in the majority current users of community centres and in particular the IAKCM. This may result in excluding the views of others who do not use such community centres and who might be more isolated.

Characteristics of Respondents

Out of the 30 participants, 21 were male and 9 female with the majority living in Hackney and Haringey boroughs of London. The majority were living with their families and/or their children at the time of the interview, only 6 were living alone (for different reasons including offspring have moved out of London, widowhood and spouse remained in/returned to Turkey).

Participants ranged in age from 55 to 98, however, the vast majority identified themselves as 'older people'. They perceived age based on external factors, specifically the end of their work/employment within the community, mainly in restaurants or retail. Some also perceived their age in functional terms, such as their lack of ability to perform physical activities.

The majority of our sample of Alevi/Kurdish refugees over 65 years of age lived on pension credits only, which are at rather minimum levels and those who are under 65 years lived, in the majority, on Disability Allowance; their income on average was around £100 per week. Those who were not eligible for these benefits had a combined household income of an average of £200 per week.

Forced Migration and Social Capital

Based on the social capital theory, social contacts provide access to resources which can take different forms and help an individual's own capital with implications for employment and broader opportunities.[27] Previous research highlights the pivotal role of immigrants' contacts within the ethnic community.[28] Studies found that upon arrival in the host country, immigrants benefit from contacts with co-ethnic family and friends who provide them with knowledge, information and other essential skills, which facilitate the adjustment to the labour market.[29] These 'social bonds' appeared paramount for our sample of Alevi/Kurdish refugees across a whole time spectrum since the beginning of their migration journey. All

participants had originally arrived in the UK as asylum seekers then became refugees and continued living in London; the majority arrived with other family members including offspring. Number of children per participant ranged from 4 to 8, with many born in the UK after arrival. Around two thirds (n=18) have been living in London for over 20 years with traditional family structure, roles, and domestic division of roles and duties.

Although their stated reason for coming to UK related to political reasons, when we consider the history of refugees, reasons for departure, educational status and living arrangements there was clear evidence that economic reasons played a large part in their decision to seek asylum in the UK.

> "My husband had a business in İstanbul. But he went bankrupt and we were stuck in a difficult situation. I had heard from my friend that the tailors earn good money in London. But I was illiterate; I had never gone to primary school however I learnt it by myself. Moreover I did not know English. My friend suggested me to come here and to work here. And I take my little daughter and came to London. Next day I began to work in a garment workshop. I did not have to speak English because everyone here spoke Turkish. My friend had arranged a room for us. I worked hard and in tough conditions but without any formalities" (Female, 67 years old)

Once they arrived they sought belonging to a close community, which facilitated quick exchange of information and employment opportunities. The interviews revealed the importance of such community in information and capital exchange, for example when one person within the community gained some useful information related to services these were shared quickly with others. This was seen by support staff working with them as a catalyst to gain further information for many older people approaching the centre. As explained by Hakney Carer volunteer staff:

> …yes, maybe they do not know English but since their family ties and neighbourhood relationships are strong, when any of them achieves a gain he can learn what to do calling us declaring that he/she is in the same situation. So I think they follow closely what is available for them.

These centres form an important part of older people's main activities within the community. They reported visiting the community center almost on daily basis and spending their time talking in their home language, watching Turkish television (cable TV) and discussing daily events. Food and drinks were hugely subsidised in the association and they can have a cooked meal for only one pound.

Almost all, 29 out of 30 respondents did not engage in any voluntary activities, formal or informal. More concerning, almost all indicated they have no hobby or special activity they pursue. They indicated the vital role of cable TV in their lives creating virtual bonds with life and culture that existed at a different location, Turkey, increasing their isolation from their

current geographical location. This was particularly the case among women; some men indicated the importance of Turkish cafes, where they were able to meet other older men regularly, however, TV watching featured heavily in their daily activities as well.

Skills Capital

Nearly three quarters of participants (n=22) were illiterate with no formal education from either Turkey or the UK. Only eight participants had elementary school education and none completed secondary level schooling or university level education.

> I have been living in England for 35 years; I am illiterate, I did not go to elementary school because there was not a school in our village. I had worked as 'chef' in a Turkish restaurant for 21 years. I did not know English except for 'yes' and 'no'. I had never needed to speak English. (Male, 66 years old)

> The vast majority of our sample (n=27), stated that they do not know how to speak, write or read English, with only 2 indicating that they knew 'enough' English to go on with their daily lives. I can see many things around me and I wish I was a part of them but it is too bad not to know that language; we've gotten used to live like this; what shall we do?" (Female, 72 years old)

> "I always carry a card with my address, telephone, and postal code in my jacket. When they ask the address I show the card to them; I carry on living in England this way… some how." (Male, 62 years old)

Computer and internet usage is increasingly becoming an important indicator of integration and communicating with families of older people as well as the wider society. However, almost all participating Alevi/Kurdish refugees indicated that they do not even know how the computer is used. This was not surprising as computer/internet usage is likely to be associated with individuals' level of basic education.

> "What am I going to do with the computer? I am too old for that. I don't know how to read and write so how can I know abou a computer?" (Male, 75 years old)

Current Health Needs and Active Ageing Perspective

The majority, of older Alevi/Kurds refugees participating in our study (25 out of 30) indicated that they do not smoke, but 28 also stated that they do not participate in any physical activity. Only two indicated they regularly walk as a form of physical excercise.

> "I have a free transportation card and my home is approximately three kilometres away but unless it is too cold or raining I go to IAKCM walking; that's all, only walking."(Male, 78 years old)

> "The Hackney Council had sent a teacher to IAKCM to do exercise and sports, however, it was cancelled since there was not participation." (Female, 60 years old)

Twenty four participants stated having at least two chronic illnesses that required taking regular medications including depression, diabetes, hypertension, high cholesterol, heart disease, rheumatic and joint disease. What was more worrying was that all participants over 60 years of age believed that they were too old to join any physical or social activities as part of an active life style. They perceived the remainder of their lives as a passive form of passing time. Although there were some indications of depression, participants were very reluctant to state if they suffered from any form of mental health problems. This was likely to be related to cultural perception of mental health problems within the Turkish community where it would negatively impact on a person's reputation within the community.

The majority of participants indicated that they experience anxiety and stress, and talked negatively about their past experiences while reported their future with hopelessness and pessimism. From such observations, there were some indications of increased mental health burden within the community. An interview with a manager of a voluntary institution, DERMAN-For the Well-Being of Kurdish and Turkish Communities, which provided counselling and educational services to Turkish speaking communities in London highlighted the same concern:

> "We observed especially among first generation Turkish speaking communities (mainly asylum-refugee) that they have a lot of health problems such as mental health issues including depression" (Manager, DERMAN).

Moreover, the attitudes and behaviours of participants in our sample in relation to healthy life styles conformed to signs of depression and loss of hope in the future. The very few participants who expressed a more positive uptake of active ageing had some form of education. In this sense, we found that the approach to health and disease and perceptions of healthy life style to be associated with education and socio-economic status. On the other hand, the role of culture and perceptions of ageing and expectations at old age clearly shape individuals' views.

The majority of participants stated that they did not hear about and do not know the meaning of active ageing. Many responded to our question reagarding active ageing with answers such as "I don't know", "I didn't hear about this before". While the opinions of others who indicated some awareness of active ageing seemed to be superficial, indicating no real experience or understanding of the wider concept of active ageing:

> "It is to love people, not to despise them and to do cleaning and sports." (Male, 57 years old)

> "Regular nutrition and comfortable life" (Male, 68 years old)

"Sports, activity and going on trips." (Female, 60 years old)

Service Expectations and Cultural Preferences

We specifically asked if participants would "know how and where to access care/support services if needed?" The vast majority of respondents indicated very little knowledge of available services and limited understanding and ability to access health and social care services if needed. However, their explanation of such little knowledge was put down to "lack of language proficiency".

Among our sample, 23 participants indicated they do not receive any formal long-term care, despite the need for support, which are fulfilled through informal support mainly from children and spouses. The majority of participants expressed a clear preference for home-based care preferably provided by family members or someone who 'understands my culture'. They provided us with several explanations for such preference including "receiving care outside the home is not an acceptable traditional model of care", with more practical reasons such as "good service is not provided" or due to their "lack of language proficiency". In particular, they resisted the idea of residential care, their choice of language explaining their feelings including "desolation", "loneliness", "undesirable people". While they prefered to be cared for by their families at home, when asked what 'would they do if the immediate family was not available', two thirds indicated they would then need to have Turkish care workers. This was clearly linked to their own lack of English language proficiency.

"Because I don't know the language. If I knew, I would prefer the foreigners" (Female, 67 years old)

Place and Ageing

The majority of our sample has entered the UK as asylum seekers several decadeds ago but maintained strong cultural links with their communities back in Turkey. All participants had acquired dual British and Turkish nationalities and were, at least in theory, free to choose their preferred place to age. In reality, of course, many were attached to other family members and the 'choice' of further geographical mobility at old age was not a viable option. It was no surprise then that 25 out of 30 participants indicated their preference to continue their older years in the UK, which had become to some extent their 'homeland'.

"Of course UK because the government looks after me here."(Female, 82 years old)

"The English Government values the elder people and our social rights are much more here." (Male, 95 years old)

"UK, here is my homeland, the facilities of the government are pretty much." (Male, 69 years old)

On the other hand, five participants stated that they want to go back to Turkey and spend the rest of their lives in the place where they were born. They have maintained strong relationships with their kin and wider communities in Turkey and believed that since their own children had grown up they had the right to go back to enjoy the 'good weather" and the culture they have been longing for.

Discussion

Cultural capital facilitated within a closed community plays a crucial role in the lives of Alevi/Kurd refugees ageing in the UK. However, while such closed community may provide many with enclave economic activities, they lessen the needs to integrate with the wider society including learning the English language and wider British culture. These strong bonds are perceived by some, for example support staff, as 'facilitators' in exchanging information and knowledge. However, the current study also indicates that such knowledge can be very limited to what has been exchanged and can be in reality result in lost opportunities available to the wider community but are not known to the specific culture centre attened by the older people. We find that while a closed community provides refugees with a 'safe' surrounding, effects of years of isolation take their toll among older generations of refugees. The main bond with the wider society for the majority Alevi/Kurds in our sample appears to be through their community centre or association. It provides connection (*albeit* limited) to the wider community but more crucially a meeting place for older people within the community receiving social support as well as consultancy services and legal advice if needed. The findings indicate the importance of transnational ties in enabling Turkish migrants to reconstruct places of identity in the host community, which are similarly observed in other European cities.[30]

The present research highlights high levels of poverty among Alevi/Kurd refugee community in London, which conforms with other studies identifying Turkish immigrant communities as a disadvantaged group when compared to other immigrant groups in the UK and Europe.[31] According to Enneli and colleagues[32], Turkish-speaking people are among the most disadvantaged groups in multicultural London in relation to education and qualifications.

Ability to use the host language mong older refugees is considerd by many researchers to be one of the crucial factors that positively influence health, wellbeing, empowerment and social inclusion.[33] Language barrier constitutes adversity in terms of accessing social and health services and using available support mechanisms resulting on relying on support from other family members who are more able to communicate in the English language.[34] The findings of our study clearly indicate the lack of English language proficiency as a main barrier among older Alevi/Turkish refugees, which in turn generates significant obstacles to accessing the wider society. Lack of English language places older refugees in a vulnerable position as they approach an age when their health and care needs increase and consequently their needs to access services and communicate with health and social care professionals.[35]

Volunteering and leisure activities can act as an antidote to social exclusion and loneliness, in that it can help keep older people active and involved and can provide a sense of meaning and purpose.[36] However, participation in voluntary activities and hobbies are generally related to own cultural values. In this sense whilst the voluntary activities have a traditional cultural value in the UK[37], according to Report of Third Sector Foundation of Turkey [38] Turkish society does not embrace of formal voluntary activities at the same level as domany European Countries. Our study shows very little level of voluntary participation among older Alevi/Kurds in the UK, with the main activity limited to visiting a culture centre or informal activities with the family. Of course, many of the participants in our study help with family chores including informal work in restaurants, grandchildren care and caring for own spouses, yet there is very limited wider participation.

Enneli *et al*.[39] and King *et al*.[40], define Turkish speaking minorities living in the UK as "invisible", "silent", and "self sufficient" minority. The main reason underlying these definitions is the emphasized role of kinship and solidarity in finding jobs, preferring to work in occupations where Turkish is spoken with little importance to engagement with the wider English community. Similarly, we observe that older refugees are paradoxically in the British society but outside of it in many ways, they are an invisible group, suffering from disadvantages both economically and socially. The findings further indicate that their living arrangements and culture have more similarities to that observed in their home country, Turkey, than that of the UK. According to a longitudinal study of older people in Turkey conducted from 2000 to 2012, 83 per cent of the people over 60 have little income, 63 per cent lack social security, literacy rate is considerably high and the rate of high school graduation is only two per cent. The majority, 88 per cent, have problems accessing health services and 93 per cent spend most of their time watching television with no regular activities.[41] The picture drawn from our data presents the experience Alevi/Kurdish living in London to be very similar to that among older people in Turkey with the important difference that those living in the UK are considerably more isolated from the wider society than those living in Turkey.

The report by Active Ageing of Migrant Elders across Europe (AAMME) indicates that refugees in general are several times more likely to suffer from health and wellbeing issues than the general population. [42] This is evident among refugees at different levels of income with health inequalities becoming more significant among groups with lowest income.[43] According to Patel [44] early ageing is commonly observed in older refugees with higher levels of health care needs. For example, in Germany, Avrupa Sabah Newspaper[45] shows that physical conditions of Turkish refugees of 50-60 years of age corresponds to that among German people of age 70-80 years old, thus Turkish refugees require health and care needs at a much younger age than the general population. These differentials are likely to relate to the life journeys associated with forced migration, and the experiences of prolonged hardship fleeing their country, home, and family and continued suffering from different economic and political struggles and adversities. These experiences undoubtedly have negative impact on

both their mental and physical health at relatively younger ages, which accumulate as they grow older.[46]

Conclusion

The current study highlights the vulnerable position of Alevi/Kurds older people living in the UK. A continuum of events and reliance on a strong and supportive social structure facilitated their early settlement within a closed community, yet isolated many from the wider society. For older people, who in the majority suffer from different health problems at a younger age, ageing becomes a more stressful stage as the need to communicate, seek and access the wider society increases. There are clear needs for health and social care provisions to understand the level of isolation and complex needs among this community and to facilitate access through innovative practice and buiding bridges capitalising on the experience of community associations and younger generations of Alevi/Kurds.

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NOTES

1. Aida Solé-Auró and Eileen M. Crimmins, "Health of Immigrants in European Countries", *International Migration Review*, Vol.42, No. 4, 2008, pp.861-876; Naina Patel, "Black and Minority Ethnic Elderly: Perspectives on Long-Term Care"**,** Chapter 9, Royal Commission on Long Term Care. *With Respect to old Age: Research* Volume 1, London: Stationery Office; (Cm 4192-II/1), 1999, 38, pp. 257-304; http://www.priae.org/docs/Royal%20Commission%20Published%20chp.pdf; Paola Ruspini, *Elderly Migrants in Europe: An Overview of Trends, Policies and Practices*, European Committee on Migration of the Council of Europe (CDMG), 2009, http://www.cermes.info/upload/docs/Elderly_migrants_in_Europe_paolo_ruspini_14_07_10.pdf; Welat Songur "Health and Care of Elderly Migrants", Paper for the "Seminar on Policies and Practices Concerning Elderly Migrants in Council of Europe Member States" held by the French Community of Belgium, the Walloon Region and the French Community Commission of the Brussels-Capital Region, Palais des Académies, Brussels, 2-3 March 2009; Policy Research Institute on Ageing and Ethnicity (PRIAE), *Black and Minority Ethnic Elders' in the UK: Health and Social Care Research Finding,* Policy Research Institute On Ageing And Ethnicity, Publishing by Department of Health, UK.

2. Eleni Hatzidimitriadou "Migration and ageing: settlement experiences and emerging care needs of older refugees in developed countries", *Hellenic Journal of Psychology*, Vol.7, No.1, 2010, pp. 1-20, ISSN (print) 1790-1391.

3. EuroHealthNet and The Federal Centre for Health Education-Germany; Aida Solé-Auró and Eileen M. Crimmins, "Health of Immigrants in European Countries", *op.cit*, pp.861-876; Qualitative Eurobarometer, *Migrant Integration*, Aggregate Report, 2011, European Commission, Directorate General Home Affairs.pp14-124. http://ec.europa.eu/public_opinion/archives/quali/ql_5969_migrant_en.pdf; Aida Solé-Auró and Eileen M. Crimmins, "Health of Immigrants in European countries" *op.cit*, pp.861-876; Naina Patel, "Black and Minority Ethnic Elderly: Perspectives on Long-Term Care", *op.cit*, pp.257-304; Paola Ruspini, *Elderly Migrants in Europe: An Overview of Trends, Policies and Practices, op. cit* ; Welat Songur, "Health and Care of Elderly Migrants" *op. cit*., p.3; Policy Research Institute on Ageing and Ethnicity (PRIAE), *Black and Minority Ethnic Elders' in the UK: Health and Social Care Research Finding*, *op.cit.*

4. *Ibid.*

5. Watters Charles and Ingleby David, "Locations of care: Meeting the mental health and social care needs of refugees in Europe", *International Journal of Law and Psychiatry*, Vol.27, 2004, pp. 549-570; Anderson E. Stanciole and Manfred Huber, *Access to health care for migrants, ethnic minorities, and asylum seekers in Europe*, Policy Brief, European Centre for Social Welfare Policy and Research, May 2009, Wien, Austria. http://www.euro.centre.org/data/1254748286_82982.pdf

6. Alan Walker and Tony Maltby, "Active ageing: A strategic policy solution to demographic ageing in the European Union", *International Journal of Social Welfare*, Vol. 21, 2012, pp.117-130, published online, Doi: 10.1111/j.1468-2397.2012.00871.x.

7. World Health Organisation *Active Ageing: A Policy Framework*, WHO/NMH/NPH/02.8., 2002, Geneva, World Health Organization.

8. Active Ageing of Migrant Elders across Europe (AAMEE), *Report of the project. Active Ageing of Migrant Elders (AAMEE) across Europe from 01.12.2007 to 30.11.2009*", Ministry for Intergenerational Affairs, Family, Women and Integration of the State of North Rhine-Westphalia (AAMEE -Active Ageing of Migrant Elders across Europe, Ministerium für Generationen, Familie, Frauen und Integration des Landes Nordrhein-Westfalen, Bonn, Germany, http://www.aamee.eu/Final_project_report/Project-report.pdf. 2010, pp.10-25
9. International organization for migration (IOM), *Migration in Turkey: A Country Profile*, 2008, pp.1-56, Retrieved from http://www.turkey.iom.int/documents/migration_profile_turkey.pdf?entryId=10260.

10. United Nations High Commissioner for Refugees (UNHCR), *2009 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*. Division of Programme Support and Management, 2010, pp.1-32, United Nations High Commissioner for Refugees, Geneva, Switzerland, http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=4c11f0be9&query=2009%20Global%20Trends

11. Pınar Enneli,Tariq Modood and Harriet Bradley, *Young Turks and Kurds, A set of 'invisible' disadvantaged groups*. 2005, pp.1-59, University of Bristol, Joseph Rowntree Foundation, UK; Russell King, Mark Thomson, Nicola Mai and Yılmaz. Keles, *Turks' in London: Shades of Invisibility and the Shifting Relevance of Policy in the Migration Process*, Working Paper No. 51, Sussex Centre for Migration Research, University of Sussex, UK, 2008, pp. 6-12; Holgate Jane, Janroj Keles, Leena Kumarappan and Anna Pollert, *Diaspora, work, employment and community. A report on Kurdish workers,* 2010, London Metropolitan University, Working Lives Research Institute in London; Aykan Erdemir and Ellie Vasta, "Work Strategies among Turkish Immigrants in London: Differentiating Irregularity and Solidarity", *Irregular Migration, Informal Labour and Community: A Challenge for Europe*. Berggren E, Likić-Brborić B,Toksöz G and Trimikliniotis N.(Eds.), 2007, pp.294-313; Franck Düvell, *Turkey Migration Potential to the UK in the context of EU accession: Background,* Centre on Migration, Policy & Society (COMPAS), 2011, pp1-3, University of Oxford. Accessed September 2013, http://www.compas.ox.ac.uk/fileadmin/files/People/staff_publications/Duvell/House_of_Commons_HAC_Evidence_Duvell_8_3_2011.pdf; Östen Wahlbeck "The concept of diaspora as an analytical tool in the study of refugee communities", *Journal of Ethnic and Migration Studies*, 28:2, 2002, pp. 221-238.

12. Pınar Enneli, Tariq Modood and Harriet Bradley, *Young Turks and Kurds, A set of 'invisible' disadvantaged groups*, *op.cit.,* pp.18-52.

13. Tahire Erman and Emrah Göker, "Alevi politics in contemporary Turkey", *Middle Eastern Studies*, Vol. 36, No. 4, 2000, pp.99-118; Amanda Paul and Demir Murat Seyrek, *Freedom of religion in Turkey-The Alevi issue*, 2014, Commentary, European Policy Centre. Accessed February 2014. http://www.epc.eu/documents/uploads/pub_4093_freedom_of_religion_in_turkey.pdf
14. Svant E. Cornell, *The Land of Many Crossroads The Kurdish Question in Turkish Politic*, 2001, Foreign Policy Research Institute, Published by Elsevier Science Limited, Sweden, Accessed September 2013. http://www.silkroadstudies.org/new/docs/publications/TURKEY_KURDS.pdf

15. Andy Curtis, *Nationalism in the diaspora: A study of the Kurdish Movement*, The Netherland: University of Utrecht, 2005, pp.4-6. Accessed Mai2012. http://tamilnation.co/selfdetermination/nation/kurdish-diaspora.pdf

16. David J. Griffiths, "Fragmentation and Consolidation: the Contrasting Cases of Somali and Kurdish Refugees in London", *Journal of Refugee Studies*, Vol.13, No.3, 2000, pp. 281-302.

17. Tayfun Atay, *Türkler, Kürtler, Kıbrıslılar- İngiltere'de Türkçe Yaşamak*, Dipnot Yayınları, 2006, pp.8-32. Ankara, Turkey.

18. Russell King, Mark Thomson, Nicola Mai and Yılmaz Keles, *Turks' in London: Shades of Invisibility and the Shifting Relevance of Policy in the Migration Process*, *Op.cit*., pp.6-10; Tayfun Atay, *Türkler, Kürtler, Kıbrıslılar- İngiltere'de Türkçe Yaşamak*, *op cit.,* p.27

19. Östen Wahlbeck, "The concept of diaspora as an analytical tool in the study of refugee communities", *Journal of Ethnic and Migration Studies*, Vol.28, No.2, 2002, pp.221-238.

20. Franck Düvell, *Turkey Migration Potential to The UK in The Context of EU Accession: Background*, *op.cit.,* p.2; Aykan Erdemir and Ellie Vasta, "Work Strategies among Turkish Immigrants in London: Differentiating Irregularity and Solidarity", *op cit.,* pp.298-301; Russell King, Mark Thomson, Nicola Mai and Yılmaz Keles, "Turks' in London: Shades of Invisibility and the Shifting Relevance of Policy in the Migration Process", *op.cit.,*pp.6-10.

21. Aykan Erdemir and Ellie Vasta, "Work Strategies among Turkish Immigrants in London: Differentiating Irregularity and Solidarity", *op cit.,* pp. 298-301; Pınar Enneli, "Social exclusion and young Turkish-speaking people's future prospects: economic deprivation and the culturalisation of ethnicity" in S. Fenton, and H. Bradley (Eds), *Ethnicity and Economy: 'Race and Class' Revisited*. Basingstoke: Palgrave Macmillan, 2002, pp.142-159; Pınar Enneli, Tariq Modood and Harriet Bradley, "Young Turks and Kurds, A set of 'invisible' disadvantaged groups", *op. cit.,* pp.1-59.

22. Östen Wahlbeck, "The concept of diaspora as an analytical tool", *op. cit.,* 221-238.

23. David J. Griffiths, "Fragmentation and Consolidation: the Contrasting Cases of Somali and Kurdish Refugees in London" , *op cit.,* pp. 281-302; Jane Holgate, Anna, Pollert and Janroj Keles, *To whom do I turn when I am invisible? The experiences of Kurdish workers who have problems at work,* London Metropolitan University Working Lives Research Institute, UK, 2009, pp.4-11, Accessed September 2013. http://workinglives.org/fms/MRSite/Research/wlri/Working%20Papers/WLRI%20Working%20Paper%20No%206.pdf

24. Russell King, Mark Thomson, Nicola Mai and Yılmaz Keles, "Turks' in London: Shades of Invisibility and the Shifting Relevance of Policy in the Migration Process", *op. cit.,* pp.6-10.

25. Östen Wahlbeck *op. cit.,* 221-238.

26. Yakup Costu and Suleyman Turan, "İngiltere'deki Türk Camileri ve Entegrasyon Sürecine Sosyo-Kültürel Katkıları" [In Turkish- "Socio-cultural contributions of Turkish mosques to the Integration Process in the UK", *Dinbilim Academic Research Journal*], *Dinbilimleri Akademik Araştırma Dergisi*, Vol.9, No. 4, 2009, pp. 35-52.

27. England Alevi Cultural Centre & Cemevi (IAKCM) Britanya Alevi Federasyonu, (Federation of United Kingdom Alevi), Accessed October 2013. http://www.alevinet.org

28. Thomas De Vroome and Frank Van Tubergen, "The Employment Experience of Refugees in the Netherlands." *International Migration Review*, vol. 44, No.2, 2010, pp. 376-403; Alejandro Portes, "Social Capital: Its Origins and Applications in Modern Sociology", *Annual Review Sociology,* Vol.24, 1998, pp. 1-24.

29. Michael B. Aguilera, and Massey S. Douglas, "Social Capital and the Wages of Mexican Migrants: New Hypotheses and Tests", *Social Forces,* Vol. 82, No.2, 2003, pp. 671-701; Agnieszka Kanas, Frank van Tubergen, and Tanja van der Lippe, "Immigrant Self-Employment: Testing Hypotheses About the Role of Origin- and Host-Country Human Capital and Bonding and Bridging Social Capital", *Work and Occupations,* Vol. 36, No.3, 2009, pp.181-208; Agnieszka Kanas, Frank van Tubergen, and Tanja van der Lippe, "The role of social contacts in the employment status of immigrants: A panel study of immigrants in Germany", *International Sociology*. Vol.26, No.1, 2011, pp. 95-122, doi: 10.1177/0268580910380977; Robert D. Putnam, *Bowling alone: The collapse and revival of American community,* New York, NY: Simon & Schuster, 2000, pp.25-30.

30. Agnieszka Kanas, Frank van Tubergen, and Tanja van der Lippe, "The role of social contacts in the employment status of immigrants: A panel study of immigrants in Germany", *op. cit.,* 95-122.

31. Patricia Ehrkamp, "Placing Identities: Transnational Practices and Local Attachments of Turkish Immigrants in Germany", *Journal of Ethnic and Migration Studies*, Vol.31, No.2, 2005, pp. 345-364.

32. Pınar Enneli, Tariq Modood and Harriet Bradley, "Young Turks and Kurds, A set of 'invisible' disadvantaged groups", *op. cit.,* pp.1-59; Aykan Erdemir and Ellie Vasta, "Work Strategies among Turkish Immigrants in London: Differentiating Irregularity and Solidarity", *op cit.,* pp.298-301; Sakine Gülfem Cakır, "Factors and Mechanisms of Resilience among Turkish Migrant Women in The UK", *Dissertation.* The Graduate School of Social Sciences of Middle East Technical University, The Degree of Doctor of Philosophy in The Department of Educational Sciences. Unpublished PhD dissertation, May 2009, pp.3-9; Russell King, Mark Thomson, Nicola Mai and Yılmaz Keles, "Turks' in London: Shades of Invisibility and the Shifting Relevance of Policy in the Migration Process", *op. cit.,* pp.6-10; Active Ageing of Migrant Elders across Europe (AAMEE),

Report of the project. Active Ageing of Migrant Elders (AAMEE) across Europe from 01.12.2007 to 30.11.2009", *op. cit.,* pp.10-15.

33. Pınar Enneli,Tariq Modood and Harriet Bradley, "Young Turks and Kurds, A set of 'invisible' disadvantaged groups", *op.cit.,*p.53.

34. Sherry Cummings, Linnet Sull, Cindy Davis and Natalie Worley, **"**Correlates of depression among older Kurdish refugees" *Social Work*, Vol.56, No. 2, 2011, pp.159-168; Sakine Gülfem Cakır, "Factors and Mechanisms of Resilience Among Turkish Migrant Women in The UK", op.cit., pp.3-9; Jenny Phillimore, Ergül Ergün, Lisa Goodson and Deborah Hennessy, *"They do not understand the problem I have", Refugee well being and mental health*, Centre for Urban and Regional Studies, Birmingham New Communities Network and Community Resource and Information Service,University of Birmingham, Accessed October 2013. https://www.academia.edu/813782/_They_do_not_understand_the_problem_I_have_Refugee_well_being_and_mental_health, April 2007, pp. 4-34; Jane Holgate, Anna Pollert, Janroj Keles J and Meeta Jha, *Ethnic minority representation at work, An initial review of literature and concepts*, London Metropolitan University, Working Lives Research Institute, 2008, pp.4-12; Russell King, Mark Thomson, Nicola Mai and Yılmaz Keles, "Turks' in London: Shades of Invisibility and the Shifting Relevance of Policy in the Migration Process", *op.cit.,* pp.6-10; Elizabeth A. Jacobs, Niels Agger-Gupta, Alice Hm Chen, Adam Piotrowski and Eric J. Hardt, *Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature*. Chen AH (Edt).The California Endowment, August 2003, pp.15-17; Zeynep Aycan and John W. Berry, "Impact of employment-related experiences on immigrants' psychological well-being and adaptation to Canada", *Canadian Journal of Behavioural Science,* Vol.28, No.3, 1996, pp. 240-251; Sarah Curtis and Anne-Cecile Hoyez, "Health, Well-being and Immigrant Populations in France and Britain", *International Journal of Migration, Health and Social Care*, Vol. 5, No.4, 2009, pp.4-19. doi: 10.5042/ijmhsc.2010.0228.

35. Welat Songur, "Health and Care of Elderly Migrants" *op. cit*., p.3; Eigil Boll Hansen, "Older immigrants' use of public home care and residential care", *European Journal of Ageing*, Vol.11, No.1, 2014, pp.41-53. doi:10.1007/s10433-013-0289-1.

36. *Ibid*, pp.48-50.
37. Ingrid Stegeman, Terese Otte-Trojel, Caroline Costongs and John Considine, *Healthy and Active Ageing,* EuroHealthNet and The Federal Centre for Health Education (BZgA) , January 2012, pp.7-24, Brussels, Accessed October 2013. http://www.healthyageing.eu/sites/www.healthyageing.eu/files/resources/Healthy%20and%20Active%20Ageing.pdf; Mandy Stanley, Wendy Moyle, Alison Ballantyne Katrina, Jaworski, Megan Corlis, Deborah Oxlade, Andrew Stoll and Beverley Young, "Nowadays you don't even see your neighbours: Loneliness in the everyday lives of older Australians", *Health and Social Care in the Community*, Vol.18, No.4, 2010, pp. 407-414; Pearl A. Dykstra,"Older Adult Loneliness: Myths and Realities", *European Journal of Aging,* Vol. 6, No.2, 2009, p.92; Reijo S. Tilvis, Venla Laitala, Pirkko Routasalo, and

Kaisu H. Pitkälä, "Suffering from Loneliness Indicates Significant Mortality Risk of Older People", *Journal of Aging Research*, Vol. 2011, pp.2-5, doi:10.4061/2011/534781; Active Ageing of Migrant Elders across Europe (AAMEE), *Report of the project. Active geing of Migrant Elders (AAMEE) across Europe from 01.12.2007 to 30.11.2009*", *op.cit.,* p.74.

38. European Foundation for the Improvement of Living and Working Conditions (Eurofound), Is volunteering for everyone? 2011, pp.2-3. Accessed September 2013, http://www.eurofound.europa.eu/publications/htmlfiles/ef11034.htm

39. *Ibid*, p.2.

40. Third Sector Foundation of Turkey (Türkiye Üçüncü Sektör Vakfı), "Türkiye'de Sivil Toplum: Bir Değişim Süreci. Uluslararası Sivil Toplum Endeksi Projesi Türkiye Ülke Raporu"[In Turkish- "Civil Society: A Change Process in Turkey"], Edts: Filiz Bikmen, Zeynep, Meydanoğlu. Türkiye Üçüncü Sektör Vakfı (TÜSEV) Yayınları, İstanbul, Turkey, 2006, No 39. pp. 17-23.

41. Pınar Enneli, Tariq Modood and Harriet Bradley, "Young Turks and Kurds, A set of 'invisible' disadvantaged groups", *op.cit.,*pp.1-59.
42. Russell King, Mark Thomson, Nicola Mai and Yılmaz Keles, "Turks' in London: Shades of Invisibility and the Shifting Relevance of Policy in the Migration Process", *op.cit.,* pp.6-10.
43. National Geographic Türkiye, *Türkiye Yaşlılık Atlası*. Accessed October 2013, http://www.nationalgeographic.com.tr/ngm/1205/yaslilik.aspx; Active Ageing of Migrant Elders across Europe (AAMEE), *Report of the project. Active Ageing of Migrant Elders (AAMEE) across Europe from 01.12.2007 to 30.11.2009*", *op.cit.,* pp.32-74; Sophie Kammerer and Rachel Buchanan, "Joint AGE-ENAR position paper on older ethnic minorities and migrants as a contribution for EY2012", AGE Platform Europe (AGE) and The European Network Against Racism (AGE-ENAR), 2011, Accessed September 2013 http://cms.horus.be/files/99935/MediaArchive/policy/Joint%20AGE.pdf

44. Kaveri Harriss and Sarah Salway, *Long-term ill health, poverty and ethnicity*, Better Health Briefing Paper 8, Race Equality Foundation, UK, 2008, pp. 2-8. Accessed October 2013. *www.raceequalityfoundation.org.uk*

45. Naina Patel, "Old agenda, new areas and directions in research and development of health and social inequalities faced by Europe's growing minority ethnic elder population", *ESRC Paper for discussion.* PRIAE and Centre for Ethnicity & Health, University of Central Lancashire, UK, Accessed September 2013, http://www2.warwick.ac.uk/study/cll/research/swhin/esrc_seminar_series/seminar_1/patelpaper.pdf, January 2006, pp.1-8.

46. Charles Watters and David Ingleby, “Locations of care: Meeting the mental health and social care needs of refugees in Europe”, *op. cit.,* pp.549–570.